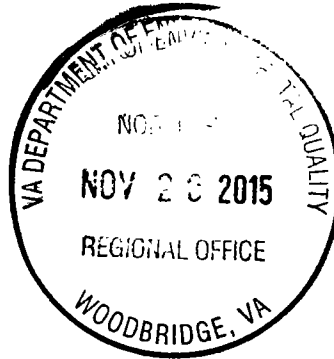




November 19, 2015

Reference: VPDES Permit Number 0060879

ALISON THOMPSON
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, Virginia 22193-1452



Dear Ms. Thompson:

Please find enclosed 2 copies each of the Form 2A, the Sludge Sewage Application, the Public Notice Billing Information Form and the VPDES Permit Application Addendum to begin the process of having our discharge permit renewed. Find also enclosed a DVD with the electronic format of these documents.

Thank you for the assistance that you provided me while preparing these documents.

If you have further questions, please do not hesitate to call me at (540)672-0426.

Thanks for your assistance.

Sincerely,

Wayne D. Leighan
Plant Operator
cc: File

- Enclosure (1): Form 2A
- Enclosure (2): Sewage Sludge Application
- Enclosure (3): Public Notice Billing Information Form
- Enclosure (4): VPDES Permit Application Addendum
- Enclosure (5): DVD with electronic format of enclosures (1)-(4)

Disclaimer

This is an updated PDF document that allows you to type your information directly into the form and to save the completed form. This form is the most updated form currently available.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

FACILITY NAME AND PERMIT NUMBER:

Rapidan Baptist Camp Wase Water Treatment Plant VA 0060879

Form Approved 1/14/99
OMB Number 2040-0086**FORM**
2A
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Rapidan Baptist Camp Wase Water Treatment Plant VA 0060879

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:****All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.****A.1. Facility Information.**

Facility name Rapidan Baptist Camp Waste Water Treatment Plant

Mailing Address P. O. Box 10
Rochelle, VA 22738-0010

Contact person Wayne D. Leighan

Title Plant Operator

Telephone number (540) 672-0426

Facility Address 177 Baptist Camp Drive
(not P.O. Box) Rochelle, VA 22738

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Rapidan Baptist Camp & Conference Center

Mailing Address P. O. Box 10
Rochelle, VA 22738-0010

Contact person Kelly S. Earles

Title Director

Telephone number (540) 672-0426

Is the applicant the owner or operator (or both) of the treatment works?☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA00608879 PSD NA

UIC NA Other NA

RCRA NA Other NA

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Rapidan Baptist Camp</u>	<u>300 peak</u>	<u>Separate</u>	<u>Private</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Total population served <u>300</u>			

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Rapidan Baptist Camp Wase Water Treatment Plant VA 0060879

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.020
- mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>0.00022</u>	<u>0.00029</u>	<u>0.00018</u> mgd
c. Maximum daily flow rate	<u>0.0017</u>	<u>0.0017</u>	<u>0</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	<u>1</u>
ii. Discharges of untreated or partially treated effluent	<u>NA</u>
iii. Combined sewer overflow points	<u>NA</u>
iv. Constructed emergency overflows (prior to the headworks)	<u>NA</u>
v. Other <u>None</u>	<u>NA</u>

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: NAAnnual average daily volume discharged to surface impoundment(s) NA mgdIs discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: NANumber of acres: NAAnnual average daily volume applied to site: NA MgdIs land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☒ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:Form Approved 1/14/99
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Rapidan Baptist Camp Wase Water Treatment Plant VA 0060879

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Water Tight Tank Truck

If transport is by a party other than the applicant, provide:

Transporter name: Speedy RouterMailing Address: P. O. Box 6337
Charlottesville, VA 22906Contact person: Danny DevlinTitle: OwnerTelephone number: (434) 979-5414

For each treatment works that receives this discharge, provide the following:

Name: Moore's Creek Regional STPMailing Address: 695 Moore's Creek Ln
Charlottesville, VA 22902Contact person: Timothy CastilloTitle: Wastewater ManagerTelephone number: (434) 977-2970

If known, provide the NPDES permit number of the treatment works that receives this discharge.

VAN 040076

Provide the average daily flow rate from the treatment works into the receiving facility.

0.000013 mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☐ Yes☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

NA

Annual daily volume disposed of by this method:

NA

Is disposal through this method

☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:Form Approved 1/14/99
OMB Number 2040-0086

Rapidan Baptist Camp Wase Water Treatment Plant VA 0060879

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 01
- b. Location Rochelle 22738
(City or town, if applicable) (Zip Code)
Madison VA
(County) (State)
38deg 16' 53" 78deg 18' 00"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 2 ft.
- d. Depth below surface (if applicable) NA ft.
- e. Average daily flow rate .00023 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 64
- Average duration of each discharge: 24h
- Average flow per discharge: 0.0010 mgd
- Months in which discharge occurs: May, June, July, August
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Unnamed Tributary of the Rapidan River
- b. Name of watershed (if known) Rappohanock
- United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): Rapponohanock River
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Unknown
- d. Critical low flow of receiving stream (if applicable):
acute Unknown cfs chronic Unknown cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): Unknown mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Rapidan Baptist Camp Wase Water Treatment Plant VA 0060879

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☐ Secondary
☐ Advanced ☐ Other. Describe: NA

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal not available %
 Design SS removal not available %
 Design P removal not available %
 Design N removal not available %
 Other NA NA %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine by tablet feederIf disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 01

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.69	s.u.			
pH (Maximum)	8.34	s.u.			
Flow Rate	0.0047	MGD	0.0015	MGD	249
Temperature (Winter)	NA	NA	NA	NA	NA
Temperature (Summer)	37	Degrees C	23	Degrees C	249

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	0.054	KG/D	0.033	KG/D	11	19-521b	2 MG/l
	CBOD-5	NA	NA	NA	NA	NA	NA	NA
FECAL COLIFORM		8	MPN	3.6	MPN	12	19-9221c,e	2 MPN
TOTAL SUSPENDED SOLIDS (TSS)		0.30	KG/D	0.076	KG/D	11	19-2540d	1.0 mg/L

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Rapidan Baptist Camp Wase Water Treatment Plant VA 0060879

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kelly S. Earles, DirectorSignature Telephone number (540) 662-0426Date signed 11-19-15

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

→ Take the 3rd right onto Franklin St.
Franklin St is just past 18th St NE.

If you reach Riverview St you've gone a little too far.

Then 0.25 miles

← Take the 2nd left onto Moores Creek Ln.
Moores Creek Ln is just past Broadway St.

If you reach Mason St you've gone a little too far.

Then 0.36 miles

📍 [723 - 735] Moores Creek Ln, [723 - 735] MOORES CREEK LN.

If you reach the end of Moores Creek Ln you've gone about 0.1 miles too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

Thursday 8:30 AM

703) 369-2323

Reflex from
Manassas

David

David LEIGHAN

YOUR TRIP TO:

[723 - 735] Moores Creek Ln



44 MIN | 27.0 MI

Trip time based on traffic conditions as of 4:21 PM on November 10, 2015. Current Traffic:

Start of next leg of route



Start out going west on Jacks Shop Rd/VA-621 toward Wilhoits Ln.

Then 3.79 miles



Turn left onto S Seminole Trl/US-29 S. Continue to follow US-29 S.

If you are on Seville Rd and reach Crawford Ln you've gone about 0.7 miles too far.

Then 18.50 miles



Stay straight to go onto Emmet St N.

Then 0.08 miles



Take the US-250 Byp E ramp toward Richmond.

If you reach Earheart St you've gone about 0.1 miles too far.

Then 0.21 miles



Merge onto US-250 E.

Then 2.73 miles



Turn right onto E High St/US-250 Bus W/VA-20.

Then 0.28 miles



Turn slight left onto Meade Ave.

Meade Ave is just past Hazel St.

Jak'n Jil is on the corner.

Then 0.48 miles



Turn left onto E Market St.

E Market St is just past Chesapeake St.

If you reach Carlton Rd you've gone about 0.1 miles too far.

Then 0.37 miles

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Rapidan Baptist Camp Waste Water Treatment Plant
- b. Contact person: Wayne D. Leighan
Title: Plant Operator
Phone: (540) 672-0426
- c. Mailing address:
Street or P.O. Box: P. O. Box 10
City or Town: Rochelle State: VA Zip: 22738-0010
- d. Facility location:
Street or Route #: 117 Baptist Camp Drive
County: Madison
City or Town: Rochelle State: VA Zip: 22738
- e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f. Facility design flow rate: 0.0020 mgd
- g. Total population served: 300 peak
- h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: Rapidan Baptist Camp & Conference Center
- b. Mailing address:
Street or P.O. Box: P. O. Box 10
City or Town: Rochelle State: VA Zip: 22738-0010
- c. Contact person: Kelly S. Earles
Title: Director
Phone: (540) 672-0426
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☒ facility ☐ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA 0060879
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
<u>NA</u>	<u>NA</u>
<u>NA</u>	<u>NA</u>

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe:

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? X Yes No

Will this facility derive a material from sewage sludge? Yes X No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? Yes X No

Will sewage sludge from this facility be applied to the land? Yes X No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?

 Yes No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? Yes No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? Yes No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? Yes X No

If Yes, complete Section D (Surface Disposal).

Facility Name: **Rapidan Baptist Camp WWTP**

VPDES Permit Number: **VA 0060879**

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility: Appendix (1)
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. Narrative on page 4
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: Speedy Router (Sludge Hauler)
Mailing address:
Street or P.O. Box: 118 East Side Hwy
City or Town: Waynesboro, State: VA Zip: 22980
Phone: (434) 979-5414
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
SH-07-101
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s). **Hauler only**
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. Not available

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

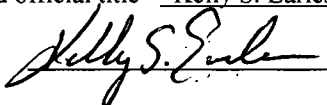
9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- ☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

Facility Name: Rapidan Baptist Camp WWTP

VPDES Permit Number: VA 0060879

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kelly S. Earles, Director

Signature  Date Signed 11/18/2015

Telephone number 540-672-0426

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

This facility does not directly dispose of any sludge. The sludge that is generated by this plant is picked up by the contract hauler and is taken to the Rivanna Water & Sewer Authority, Moore's Creek Regional STP (VAN-040076) 695 Moores Creek Lane Charlottesville, VA 22902 for further processing in their waste stream in accordance with their policies and procedures.

Narrative for question 6:

Sludge is periodically wasted to the sludge retention tank of the package plant where it is aerated at the same frequency as the mixed liquor tank. As the sludge tank reaches capacity (approximately 1500 gallons) the aeration volume is cut back to allow thickening of the sludge prior to transport. Supernat is returned to the mixed liquor tank to achieve greater thickening. About one week before transport the aeration of the sludge is discontinued to achieve the maximum thickening possible within the tank. The contract septic hauler arrives and pumps the sludge from the sludge retention tank into the tank truck. Return activated sludge from the clarifier is added to the sludge tank to achieve full emptying until the 2400 gallon capacity of the truck is met. The hauler takes the load to the Moore's Creek Regional STP and discharges the load into their facility in accordance with their guidelines.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 22 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. NONE
 - a. Facility name: NA
 - b. Contact Person:
Title:
Phone ()
 - c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address:
(not P.O. Box)
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
Class A Class B X Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: None
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
Option 1 (Minimum 38 percent reduction in volatile solids)
Option 2 (Anaerobic process, with bench-scale demonstration)
Option 3 (Aerobic process, with bench-scale demonstration)
Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
Option 5 (Aerobic processes plus raised temperature)
Option 6 (Raise pH to 12 and retain at 11.5)
Option 7 (75 percent solids with no unstabilized solids)
Option 8 (90 percent solids with unstabilized solids)
X None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge Wasted sludge is aerate to further reduce organic solids content until one week before transport when aeration is discontinued to allow settling.
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: None
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
Zero dry metric tons
 - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
Yes No
5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: Moore's Creek Regional STP
- b. Facility contact: Mr. Timothy Castillo
Title: Wastewater Manager
Phone: (434) 977-2970 ext. 112
- c. Mailing address:
Street or P.O. Box: 695 Moore's Creek Lane
City or Town: Charlottesville State: VA Zip: 22902
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 22 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

<u>Permit Number:</u>	<u>Type of Permit:</u>
<u>VAN 040076</u>	<u>VPDES</u>
- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
 Class A X Class B Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Aerobic Digestion
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
X Option 1 (Minimum 38 percent reduction in volatile solids)
 Option 2 (Anaerobic process, with bench-scale demonstration)
 Option 3 (Aerobic process, with bench-scale demonstration)
 Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 Option 5 (Aerobic processes plus raised temperature)
 Option 6 (Raise pH to 12 and retain at 11.5)
 Option 7 (75 percent solids with no unstabilized solids)
 Option 8 (90 percent solids with unstabilized solids)
 None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: UNKNOWN
- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
 Yes X No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes X No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☐ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Turn right out of the camp going west on route 621 to route 29, turn left onto route 29 going south to route 250 bypass east toward Richmond. Turn right onto East High Street. Turn slight left onto Meade Ave, then turn Left onto East Market Street. Take 3rd right onto Franklin Street then take the 2nd left onto Moores Creek Ln. to 695 Moore's Creek Regional STP. Trips are made Monday through Friday from 9:00 AM to 4:00 PM. This trip would occur once or twice a year depending on the wasting requirements. Route Map Appendix (2)

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: ZERO dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: ZERO dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
☐ Yes ☐ No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: _____ Type of Permit: _____

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge

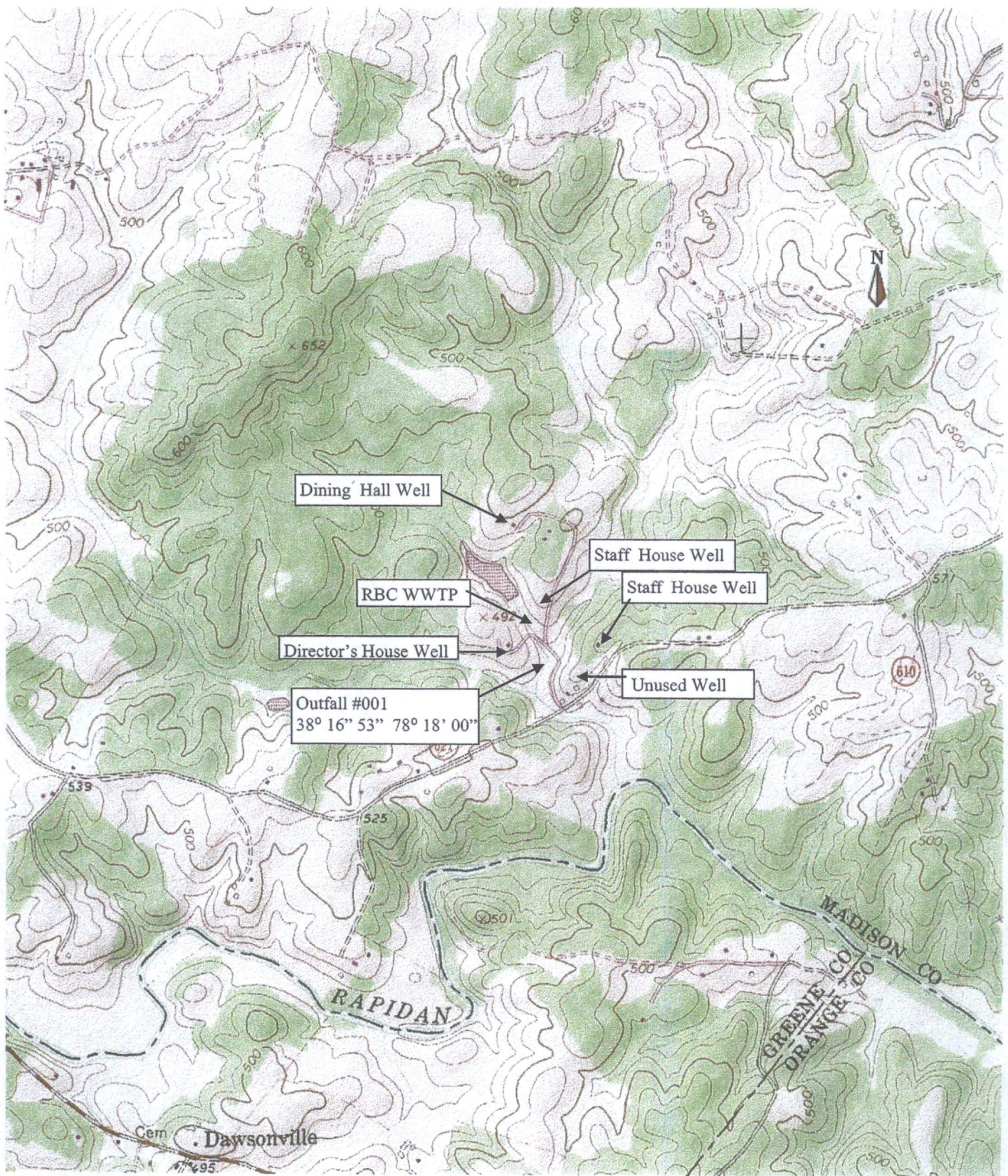
- incinerator: ZERO dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
☐ Yes ☐ No
 If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number:
- d. Contact person:
 Title:
 Phone: ()
 Contact is: ☐ Incinerator Owner ☐ Incinerator Operator
- e. Mailing address.
 Street or P.O. Box:
 City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

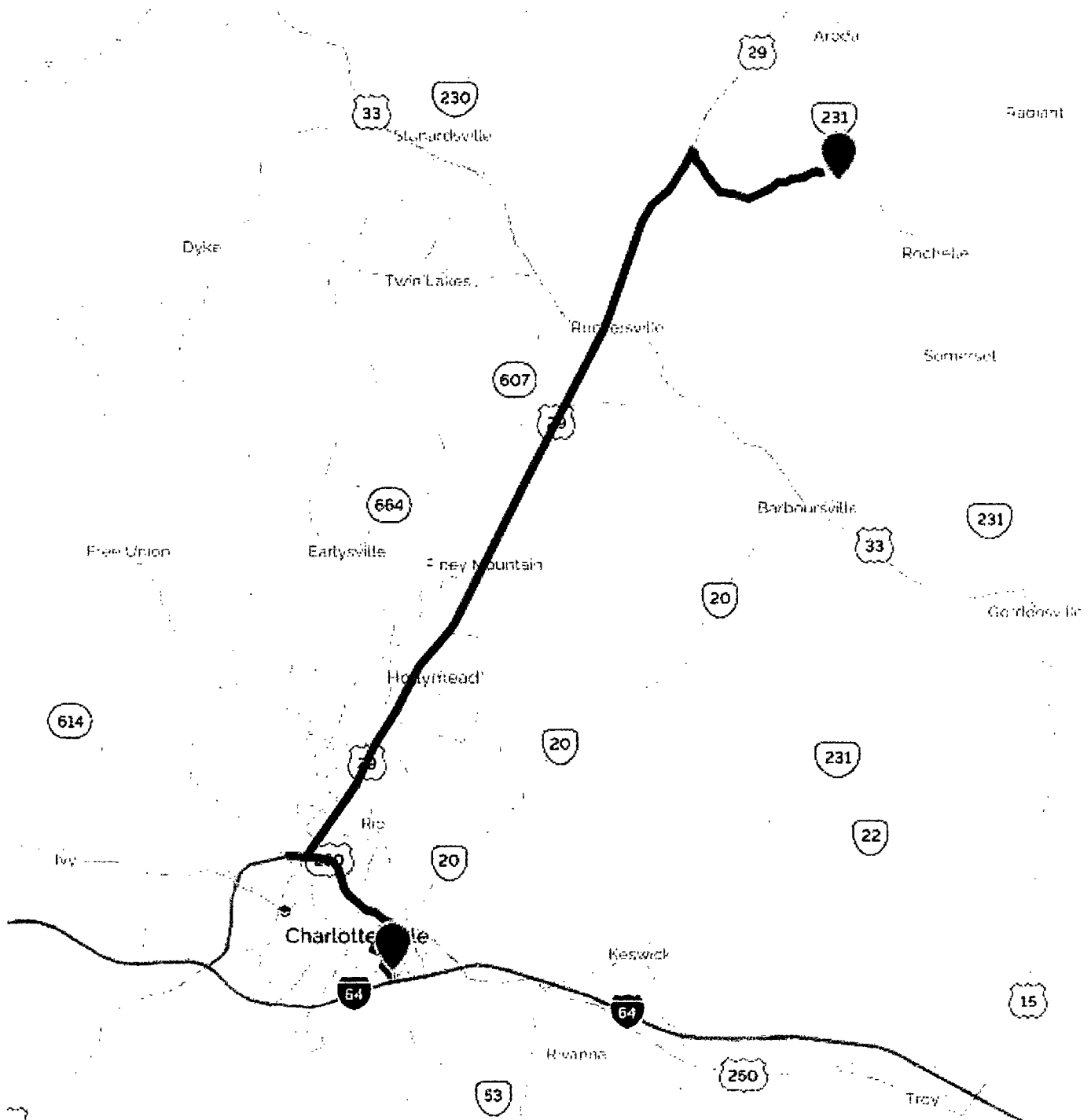
- a. Landfill name: NA
- b. Contact person:
 Title:
 Phone: ()
 Contact is: ☐ Landfill Owner ☐ Landfill Operator
- c. Mailing address.
 Street or P.O. Box:
 City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
 Street or Route #:
 County:
 City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
 _____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
☐ Yes ☐ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ☐ Yes ☐ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ☐ Yes ☐ No
 Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.



0 ————— 0.5 Mi
0 ————— 2000 Ft

Appendix (1)



©2015 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use (<http://hello.mapquest.com/terms-of-use>).

Appendix (2) 1 of 1

YOUR TRIP TO:

[723 - 735] Moores Creek Ln

mapquest

44 MIN | 27.0 MI

Trip time based on traffic conditions as of 4:21 PM on November 10, 2015. Current Traffic:

Start of next leg of route



Start out going **west** on **Jacks Shop Rd/VA-621** toward **Wilhoits Ln.**

Then 3.79 miles



Turn **left** onto **S Seminole Trl/US-29 S.** Continue to follow **US-29 S.**

If you are on Seville Rd and reach Crawford Ln you've gone about 0.7 miles too far.

Then 18.50 miles



Stay **straight** to go onto **Emmet St N.**

Then 0.08 miles



Take the **US-250 Byp E** ramp toward **Richmond.**

If you reach Earheart St you've gone about 0.1 miles too far.

Then 0.21 miles



Merge onto **US-250 E.**

Then 2.73 miles



Turn **right** onto **E High St/US-250 Bus W/VA-20.**

Then 0.28 miles



Turn **slight left** onto **Meade Ave.**

Meade Ave is just past Hazel St.

Jak'n Jil is on the corner.

Then 0.48 miles



Turn **left** onto **E Market St.**

E Market St is just past Chesapeake St.

If you reach Carlton Rd you've gone about 0.1 miles too far.

Then 0.37 miles

nonexclus(2) 2nd;

Public Notice Billing Information

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published one a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2

Agent/Department to be billed: Mr. Kelly Earles, Director

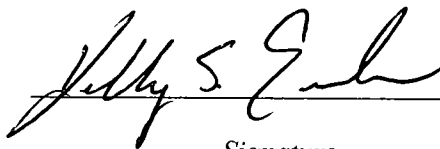
Owner: Rapidan Baptist Camp & Conference Center

Applicant's Address: P. O. Box 10

Rochelle, VA 22738-0010

Agent's Telephone Number: (540) 672-0426

Authorizing Agent:



Signature

VPDES Permit No. VA0060879
Rapidan Baptist Camp & Conference Ctr.

Please Return to:

Alison Thompson
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821

VPDES PERMIT APPLICATION ADDENDUM

1. Entity to whom the permit is to be issued: Kelly Earles, Director
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Yes ☐ No ☒
3. Please provide the tax map parcel number for the land where the discharge is located: 62-11
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 10
5. What is the design average flow of this facility in million gallons per day (MGD)? 0.020 (MGD) For industrial facilities, provide the maximum 30-day average production level, include units: N.A.
6. In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If yes, please identify the other flow tiers in MGD: _____
Please consider the following as you answer the questions in #5 above for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?
7. Nature of operations generating wastewater: Summer Camp, residence

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 2 (Two)

0 % of flow from non-domestic connections/sources

8. Mode of discharge: _____ Continuous _____ Intermittent X Seasonal

Describe frequency and duration of intermittent and seasonal discharges: Flow is primarily June, July, and August. Weather sometimes dictates additional flows due to rain fill of the settling pond.

9. Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):

Stream Characteristic	Outfall Number				
	001				
Permanent stream, never dry	X				
Intermittent stream, usually flowing, sometimes dry					
Ephemeral stream, wet-weather flow, often dry					
Effluent-dependent stream, usually or always dry					
Lake or pond at or below discharge point					
Other:					

10. Approval date(s), if applicable:

O & M Manual 1/2/2012 Sludge/Solids Management Plan 1/2/2012

Have there been changes in your operation or procedures since the above approval dates? Yes ☐ No ☒

11. **Privately Owned Treatment Works:** If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

12. Please provide a list of Materials stored at the facility. Please complete the table below or attach another page if more room is necessary.

Material Storage		
Materials Description	Volume Stored	Spill/Stormwater Prevention Measures
Sanuril Chlorine Tabs	50-60#	stored in closet next to Bldg
Dechlor Tabs	50-60#	stored in Bldg.
Soda Ash	50#	stored in Bldg.
Alum	50#	stored in Bldg.
Big Jet Backflow Supplement	1-4 gal	stored in Bldg.

13. Please provide the name and email addresses for personnel who will be involved with the reissuance of the VPDES permit:

Name	Title	E-mail Address
Wayne D. LEIGHAN	Plant Operator	wleighan@campnapidan.com

14. Consent to receive Electronic Mail

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: wleighan@campnapidan.com

☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

